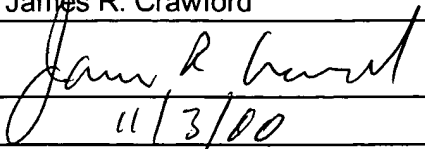


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. CHEMF 2-Div 105193	Total Pages 1
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier Daniel Alfred Boryta, et al.	
		Express Mail Label No.	EM004547812US
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Pages 28] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 7] 4. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: 09/353,185 filed July 14, 1999 17. <input checked="" type="checkbox"/> For this application, please cancel original Claims 1-3 of the prior application before calculating the filing fee.			
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below			
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford Telephone: (212) 318-3086 Fax: (212) 318-3400			
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	James R. Crawford		Reg. No. 39,155
SIGNATURE			
DATE	11/3/00		

FEE TRANSMITTAL*Complete if Known*

Application Number	To be assigned
Filing Date*	Herewith
First Named Inventor	Daniel Alfred Boryta, et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	CHEMF-202.1

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	2 20 =	26	x 18.00	\$
INDEPENDENT CLAIMS	2- 3 =	4	x 80.00	\$
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$	-----
			TOTAL FEES	\$710.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature	<i>James R. Crawford</i>	Deposit Account No. 50-0624
	Date: 11/3/00	